

Attorney Docket No. 0228us410

USPTO FAX NO.: 571-273-8300

ATTENTION: Examiner Jegatheesan Seharaseyon
TELEPHONE NUMBER: 571-272-0892RECEIVED
CENTRAL FAX CENTER**OFFICIAL COMMUNICATION**

MAR 24 2006

**FOR THE PERSONAL ATTENTION OF
EXAMINER JEGATHEESAN SEHARASEYON****CERTIFICATION OF FACSIMILE TRANSMISSION**

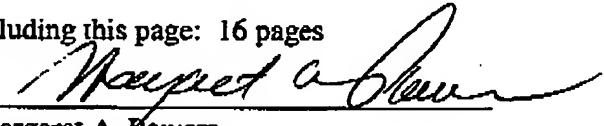
I hereby certify that the following documents in re Application of Juha Punnonen et al., Application No. 10/084,706, filed February 26, 2002, entitled INTERFERON BETA VARIANTS AND CONJUGATES (as amended), are being facsimile transmitted to the US Patent and Trademark Office to USPTO Facsimile No. 571-273-8300, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: Amendment on the date below:

Documents Attached

1. Transmittal Form by facsimile (1 page)
2. Supplemental Amendment (5 pages)
3. Petition to Correct Inventorship Pursuant to 37 C.F.R. 1.48(b) (2 pages)
4. Request for Corrected Filing Receipt (2 pages) [plus copy of marked-up copy of the Official Filing Receipt (2 pages), and copy of the Notice of Recordation of Assignment Document (1 page)]
5. Fee Transmittal Form (1 page)

Number of pages being transmitted, including this page: 16 pages

Dated: March 24, 2006


Margaret A. Powers
Reg. No. 39,804**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (650) 298-5446**

Maxygen, Inc.
Intellectual Property Department
515 Galveston Drive
Redwood City, CA 94063
Telephone: 650-298-5809
Facsimile: 650-298-5446
Customer No. 30560

Please type a plus sign (+) inside this box → +

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/084,706
		Filing Date	February 26, 2002
		First Named Inventor	Poul Baad Rasmussen
		Group Art Unit	1647
		Examiner Name	Seharaseyon, J.
Total Number of Pages in This Submission	16	Attorney Docket Number	228us410

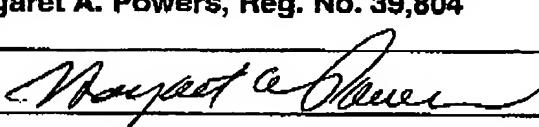
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Corrected Filing Receipt, Petition to Correct Inventorship (& marked-up copy of Filing Receipt & Notice of Record of Assignment), Fax Transmission Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Authorization to Charge Deposit Account
Please charge Deposit Account No. 50-0990 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

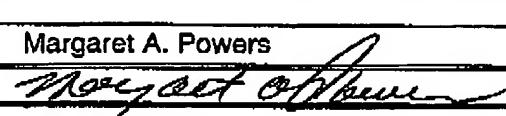
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Margaret A. Powers, Reg. No. 39,804
Signature	
Date	March 24, 2006

CERTIFICATE OF FACSIMILE TRANSMITTAL UNDER 37 C.F.R. §1.8

I hereby certify this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to USPTO Facsimile No. 571-273-5300, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop: Amendment on the date below:

Typed or printed name	Margaret A. Powers		
Signature		Date	March 24, 2006